

**STATE OF COLORADO
DIVISION OF INFORMATION TECHNOLOGIES
COMMUNICATION SERVICES
2452 WEST 2nd AVENUE SUITE-19, DENVER, CO 80223
(303) 866-2341**

ACTION ITEM

- ☐ **Add Radio**
- ☐ **Replace Radio**
- ☐ **Remove Radio**

APPLICATION TO OPERATE MOBILE RADIO EQUIPMENT

AGENCY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Equipment Class (Mobile, Portable Etc.)* _____ Radio Series (Maratrac, HT1000, Titan Etc.) _____

Manufacturer _____ Model # _____ Serial # _____

If this is a direct replacement for equipment previously authorized on the State system. Please list Account, Model, and Serial number of old radio below:

Account # _____ Model # _____ Serial # _____

On this _____ day of _____, _____ I hereby submit this application to operate mobile radio equipment within the services listed below:

Police Full _____ Police Mutual - Aid _____ Low Band L.G. _____ Digital Trunking _____

Highway Maintenance _____ Search & Rescue _____ EMS Common Channel _____ Other _____

Forestry Conservation _____ EMS Full _____ Conventional Trunking _____

Applicants may request state or private maintenance. State maintenance may be provided to local government agencies, all requests must be approved by DoIT-Communication Services and are subject to policies and fees in effect at the time of request.

Maintenance: Private _____ State _____ If State, Enter Maintenance Location _____

The agency listed at the top agrees by signing this application to abide by the following rules and regulations:

1. To be familiar with and comply with all applicable rules and regulations of the Federal Communications Commission.
2. To comply with all rules and regulations of the DoIT-Communication Services and the Colorado State Patrol.
3. To comply with all technical standards of the communications system to include operation of only currently F.C.C. and State type accepted equipment, and to upgrade equipment when necessary for proper system operation.
4. To provide security for the radio equipment, prevent operation by unauthorized personnel, and properly train authorized personnel in correct radio procedures.
5. To make available for inspection by authorized representatives of the F.C.C. or the DoIT-Communication Services all radio equipment and records for the equipment listed on this application.
6. To operate only that equipment which authorization has been approved and included on the inventory records of the DoIT-Communication Services and to obtain prior approval to making any changes, modifications, etc. on any equipment authorized on the state system.
7. All units will be issued a State account number. Equipment may not be used on the State system until the Colorado State Patrol and/or DoIT-Communication Services have approved this authorization. State maintenance shops will not install, repair or program any equipment until a State account number has been assigned.

LIST ALL FREQUENCIES AND TONES INSTALLED IN THIS RADIO ON PAGE 2 OF THIS FORM AND COMPLETE THE BOTTOM OF THE PAGE. YOU WILL RECEIVE A COPY OF THE FORM AFTER THE APPLICATION HAS BEEN APPROVED OR DENIED.

*** DO NOT REQUEST BASE STATION AUTHORIZATION ON THIS FORM. USE FORMS CD-142 FOR BASE STATION AUTHORIZATION AND LICENSING. UNAUTHORIZED USE OF FREQUENCIES IS A VIOLATION OF F.C.C. RULE AND IS PUNISHABLE BY FINE.**

FREQUENCY INFORMATION

PRIOR TO CSP AND DoIT COMMUNICATION SERVICES APPROVAL, AUTHORIZATION TO USE STATE AND NON-STATE FREQUENCIES MUST BE OBTAINED IN WRITING FROM THAT AGENCY BY APPLICANT. (EXCEPT WHEN AN AUTHORIZATION LETTER IS ALREADY ON FILE) A COPY OF THE AUTHORIZATION LETTER MUST BE SENT TO DoIT ALONG WITH THE APPLICATION. ONCE AUTHORIZATION HAS BEEN OBTAINED MARK THE "AUTHORIZATION GRANTED" BOX WITH AN "X".

CH	TRANSMIT FREQUENCY	TX TONE	RECEIVE FREQUENCY	RX TONE	AUTHORI- ZATION GRANTED (by licensee) (X)	CSP/DOIT USE ONLY DENIED (X)	LICENSED AGENCY
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

USE ADDITIONAL SHEETS FOR EQUIPMENT THAT HAS MORE THAN 16 CHANNELS

I certify that I have read and understand the above regulations and the agency agrees to abide by these regulations.

THIS AUTHORIZATION MAY BE REVOKED WITHOUT NOTICE FOR FAILURE TO MEET ELIGIBILITY REQUIREMENTS OR FAILURE TO COMPLY WITH THE RULES AND REGULATIONS.

SIGNOR NAME (TYPE OR PRINT) _____ TELEPHONE # () _____

TITLE (TYPE OR PRINT) _____ DATE _____

SIGNATURE _____

(FOR DoIT USE ONLY)

ELIGIBILITY: APPROVED ____ DENIED ____ REVIEWED BY: _____ DATE _____

MAINTENANCE: APPROVED ____ DENIED ____ REVIEWED BY: _____ DATE _____

ACCOUNT NUMBER _____ - _____ - _____